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SIGNATURE of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature	MIL	Made	5. M	un		Date 14 J	anuary 2005
Name	Michae.		cion			Telephone (9	14) 333-9637
Title	Author:	ized Rep	resentat	ive			
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This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed splication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

JUN 2005

PTO/SB/96 (08-03)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

⊠Declaration Submitted With Initial Filing

OR

□ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	US020546
First Named Inventor	Mihaela van der Schaar, et.al.
COMP	PLETE IF KNOWN
Application Number	1
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:						
My residence, post office address, and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
SWITCHING BET	WEEN MULTIPLE DI ENT ON THE NETWO MORITIZED VIDEO	ESCRIPTION CODIN ORK CHARACTERIS	IG AND SCA	LABLE		
the specification of which	(Title of the	e Invention)				
		•				
OR		/				
= ' '	as Haited States Application Number or PCT International					
Application Number and was amended on (MM/DD/YYYY) (if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is						
claimed. Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy	Attached?	
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
Additional foreign applicat	tion numbers are listed on a su	ippiementai priority data sriee	C. COCOOCED and			

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (03-01)

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DECLARATION — Utility or Design Patent Application

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City: Briarcliff Manor	State NY			ZIP	10510-8001
Country U.S.A.	Telephone: (91	(4) <u>332</u>	-0222		Fax: (914 332-0615
I hereby declare that all statements made herein of my or believed to be true; and further that these statements we punishable by fine or imprisonment, or both, under 18 U. application or any patent issued thereon.	wn knowledge are truere made with the kno S.C. 1001 and that so	ie and the wledge uch wilfu	nat all stateme that wilful fals il false statem	ents made statements made	de on information and belief are nents and the like so made are ay jeopardize the validity of the
NAME OF SOLE OR FIRST INVENTOR:	A petitio	n has	been filed t	or this	s unsigned inventor
Given Name (first and middle [if any])			ly Name irname	van d	er Schaar
Inventor's Signature & Muddla o ,	2		Dat	teX (Jon 13, 2004
Ossining NY,			U.S.A. Country		Citizenship
Residence: City	State				
45 Highland Ave. Malling Address					
Ossining	NY		10562		USA
City	State		ZIp		Country
NAME OF SECOND INVENTOR:	A petition has be	en file	d for this u	nsign	ed inventor
Given Name Qiong (first and middle [if any])			ily Name urname	Li	
Inventor's Signature			Da	ate	
Tappan	NY		USA		
Residence: City	State		Country		Citizenship
118 Newport Ave.					
Mailing Address	NN		10983		USA
Tappan	NY		70983 Zip		Country
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Examiner Name

US020546 Attorney Docket Number Mihaela van der Schaar, **DECLARATION FOR UTILITY OR First Named Inventor** et.al. **DESIGN** PATENT APPLICATION **COMPLETE IF KNOWN** (37 CFR 1.63) 1 **Application Number** □ Declaration □ Declaration Filing Date Submitted after Initial Submitted OR Filing (surcharge **Group Art Unit** With Initial

(37 CFR 1.16 (e))

required)

Filing

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, firs	at and sole inventor (if only one ct matter which is claimed and	name is listed below) or an o for which a patent is sought o	riginal, first and joir n the invention ent	nt inventor (if plural itled:	names			
SWITCHING BET	are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SWITCHING BETWEEN MULTIPLE DESCRIPTION CODING AND SCALABLE CODING DEPENDENT ON THE NETWORK CHARACTERISTICS USING FEC AND							
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the specification of which (Title of the Invention)								
is attached hereto								
OR		as United States App	lication Number of	PCT International				
was filed on (MM/DD/	YYYY)	as United States App	ilication Number of					
Application Number	and v	was amended on (MM/DD/YY	YY)	(if a	applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
the SC U.S. C. 440(a) (4) or (6) or 365(b) of any foreign application(s) for patent, inventor's or plant								
breeder's rights certificate(s),	or 365(a) of any PC1 internati	onal application which design	reign application(s) for patent, invent	or's or plant			
States of America, listed below breeder's rights certificate(s),	v and have also identified below or of any PCT international ap	plication having a filing date	before that of the	application on which	h priority is			
claimed.			Priority	Certified Copy				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Not Claimed	YES	NO			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
Additional foreign applica	tion numbers are listed on a su	pplemental priority data shee	1 P 1 O/56/026 atta	CHECHELO.				

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Direct all correspondence to: X Customer Number or Bar Code Label OR Correspondence address below PATENT TRADEMARK OFFICE Name: PHILIPS INTELLECTUAL PROPERTY & STANDARDS Address: P. O. Box 3001 ZIP 10510-8001 State NY City: Briarcliff Manor Fax: (914 332-0615 Telephone: (914) 332-0222 Country U.S.A. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: van der Schaar **Family Name** Mihaela Given Name or Surname (first and middle [if any]) Inventor's Date Signature $\overline{\mathsf{NY}}$ U.S.A. Ossining Citizenship Country State Residence: City 45 Highland Ave.

failing Address					
Ossining	NY	1056	2	USA	
City	State	Zip		Country	
NAME OF SECOND INVENTOR:	petition has be	en filed for th	is unsigne	d inventor	
Given Name Qiong		Family Nam			
(first and middle [if any]) Inventor's X Signature X				1/9/2004	
Tappan	NY	USA			
Residence: City	State	Cour	itry	Citizenship	
118 Newport Ave.					
Mailing Address				<u> </u>	
Tappan	NY	109	83	USA	
City	State	Zip		Country	
Additional inventors are being named on the	supplemental	Additional Inven	tor(s) sheet(s) PTO/SB/02A attached hereto.	